

Fill in this information to identify the case:

Debtor 1	Karl	S.	Hudjohn
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Southern</u> District of <u>California</u>			
(State)			
Case number: 18-00192-MM13			

CSD 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$2500.00
Claimant's Name:	David B. Schmiedeberg, as assignee of Karl S. Hudjohn
Claimant's Current Mailing Address, Telephone Number, and Email Address:	7595 Dancy Rd San Diego, CA 92126 858.603.3598 lytnin88@gmail.com

2. Applicant Information


Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

The information set forth on the continuation pages is APPROVED AS TO FORM:

By: 
Financial Administrator, U.S. Bankruptcy Court

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Southern District of California

880 Front Street, Suite 6293
San Diego, CA 92101

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 01/14/2023

David B. Schmiedeberg
Signature of Applicant

David B. Schmiedeberg
Printed Name of Applicant

7595 Dancy Rd
San Diego, CA 92126
Address:

Telephone: 858.603.3598

Email: lytnin88@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF California

COUNTY OF San Diego

This Application for Unclaimed Funds, dated Jan. 14, 2023 was subscribed and sworn to before me this 14th day of January, 2023 by

David B. Schmiedeberg

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Matilda Hernandez

My commission expires:

Aug. 2, 2024

6. Notarization

STATE OF _____

COUNTY OF _____

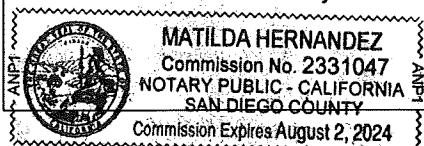
This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.